



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Mental Health, Developmental
Disabilities and Substance Use Services

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Chief Deputy Secretary for Health
KELLY CROSBIE • Director

July 24, 2024

MEMORANDUM

**Allocation #: 25-A-28
UEI #: WX6EEKYAMG77**

TO: Rob Robinson, Chief Executive Officer
Alliance Health

FROM: Deidra Oates, Business Allocations Manager
DMHDDSUS

RE: Crisis Investments State Funding Non-UCR for SFY25

DocuSigned by:
Deidra Oates
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Alliance Health is allocated \$2,392,065 in State Funds on a one-time basis to support the development and operation of the Wakebrook Adult BHUC.

Eligible expenditures must be incurred during the period of July 1, 2024 through June 30, 2025.

FORMAT FOR FUNDING:

These state funds are allocated **outside of UCR** and approved expenditures shall be reported by the LME/MCO through routine submission of monthly Financial Status Reports (FSRs) to the DMHDDSUS Project Manager and Business and Financial Operations. Funds will be paid on a reimbursement basis as these funds will not be paid via the Single Stream Funding payment schedule. Any exceptions to the required timely reporting of funds expended shall be approved in writing by the DMHDDSUS Business and Financial Operations Director.

Each LME/MCO should review their program report received from Business and Financial Operations for the latest expenditure update for funds paid by the Division. If LME/MCOs are underutilizing funds, the Division reserves the right to make a mid-year adjustment in allocations.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND
SUBSTANCE USE SERVICES

LOCATION: 695 Palmer Drive, Anderson Building, Raleigh, NC 27603
MAILING ADDRESS: 3001 Mail Service Center, Raleigh, NC 27699-3001
www.ncdhhs.gov • TEL: 984-236-5000 • FAX: 919-508-0951

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

SPECIAL CONDITIONS:

1. The award of these funds shall not be used by a county as a basis to supplant any portion of a county's commitment of local funds to the area authority.
2. These funds shall only be used for community-based services and supports.
3. The funds provided shall not be utilized to supplement any reimbursement for services or staff activities provided through the NC Medicaid Program;
4. Funds shall be used in accordance with cost principles describing allowable and unallowable expenditures for nonprofit organizations in accordance with OMB Circular A-122;
5. LME/MCOs are prohibited from withholding or deducting any portion of allocated state funds for the support of any LME/MCO activity or function, including, but not limited to, administration, overhead, or indirect expenses. All allocated funds are required to be fully contracted by the LME/MCO for approved expenditure by eligible non-profit subrecipient organizations.
6. If LME/MCO's are underutilizing the funds allocated, the Division reserves the right to make adjustment in allocations.
7. Any payback of funds provided to the LME/MCO pursuant to this allocation and determined to be owed by the LME/MCO as a result of the funding review and settlement process conducted by DMHDDSUS for each fiscal year, must be paid within 60 days after the date of LME/MCO's receipt of the non-Medicaid funding audit report memorandum (financial settlement memorandum) from DMHDDSUS. If not timely paid, DMHDDSUS will take action to recover any such payback amount due from the LME/MCO. The LME/MCO will be provided prior written notice of the process to recoup any payback funds owed and not timely paid by the LME/MCO and any appeal rights to contest the payback amount due, in the financial settlement memorandum from DMHDDSUS.
8. NC DHHS has an approved cost allocation plan which exempts the State from the indirect cost rate requirement for Federal awards.
9. NC DHHS does not allocate pass-through funds identified as Research and Development.
10. **Services provided at the Behavioral Health Urgent Care are open to all individuals no matter county of residence or payer, are open 24/7 and serve individuals of all ages presenting with MH/SU/IDD and/or TBI.**
11. **Providers are expected to attempt to contract with other all state payer sources for payment of service.**
12. **Providers are expected to serve as an alternative drop off for Law Enforcement and Emergency Management Services and must have a no wrong door policy.**
13. **Providers are expected to accept transfers of voluntary and Involuntary admissions from Non-Law Enforcement Transportation (when applicable).**
14. **Providers are expected to educate the community and other local providers about their services.**
15. **Providers are expected to participate in local Crisis Collaboratives.**
16. **Providers are expected to apply and be designated for IVC Designation through DMHDDSUS within 6 months of opening.**
17. **Providers are expected to enroll and participate in the North Carolina Behavioral Health Statewide Central Availability Navigator (BH SCAN).**

SPECIAL REPORTING REQUIREMENTS:

The following reporting requirements are required as referenced in G.S. 122C-144.1. Budget Format and Reports: In order to ensure the Division has complete and accurate information on services provided and expenditures, reporting of all services is required through NC Tracks and the Financial Reporting Tool, Financial Status Reporting Monthly Expenditure Detail worksheets. Each allocation letter should be reported on separate lines within the FSR. This will enable the system to assign eligible services to the correct disability-based accounts. Complete reporting of services is also essential for performance measures calculated from NC Tracks claims and encounter data.

DMHDDSUS will provide a data report template for LME/MCO's to capture and submit to the Department monthly by the 15th of the next month. This information should be collected for Medicaid and non-Medicaid individuals. This report will include information such as, but not limited to:

- Age
- CNDS ID
- Referral Source
- County of residence
- Insurance
- Arrival date/time
- Discharge date/time
- Disposition
- IVC Initiation
- Need for transport to an ED (medical vs acuity)

A quarterly report will be provided to DMHDDSUS outlining the progress toward operations of the service. Reports to include summary of

- Design/architect planning
- Construction/upfit process
- Updates on licensure and inspections
- Programmatic design planning
- Programmatic updates (staffing, operations, contracting etc.)
- Risks/barriers

Quarterly reports are expected to be delivered to DMHDDSUS by the 15th of the Month following the quarter

Quarter 1: July – September, Due October 15th
 Quarter 2: October – December, Due January 15th
 Quarter 3: January – March, Due April 15th
 Quarter 4: April – June, Due July 15
 Annual Report Due August 15

FUND ALLOCATION:

NCFS:

Agency	Budget Fund	Account	Agency Mgmt Unit (AMU)	Agency Program	Funding Source	Project	Amount
3000	134604	56900100	30TS183	300003B	2000	2000400000	\$2,392,065

Please do not hesitate to contact **Lisa DeCiantis** at lisa.deciantis@dhhs.nc.gov or 984-236-5059 regarding any questions or concerns about this allocation.

cc: LME/MCO Finance Officer
 DMHDDSUS Business and Financial Operations Team
 DMHDDSUS Executive Leadership Team